



**PATIENT**

Anna Huffaker

**PRESENTING CLINICAL SIGNS**

Noted change in breathing acutely last night. Lethargic, not wanting to move. Not eating well. Was found to be in lateral recumbency at home.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Exam 10/21/21: Patient having paroxysmal, short breaths with abdominal effort and some open mouth breathing. Normal temperature. Heart sounds normal. Sternal recumbency but depressed. Exam 10/22/21: Patient quiet but alert. Same breathing pattern. SpO2 84% on the tail. Temperature 101.1 Heart auscults normally. FeLV/FIV negative. PCV39%, TP 8.0 g/dl. CBC and chem pending

**BREED**

DMH

**RADIOGRAPHIC STUDY OF THE THORAX**

2 consecutive studies dated 10/21 and 10/22 available for review.

**SEX**

M

**RADIOGRAPHIC FINDINGS**

The lungs are deeply inflated and hyperlucent in both studies.

A mild generalized bronchial pattern is noted. There is a mildly progressive ventrally accentuated bilaterally symmetric unstructured interstitial pattern.

**AGE**

6 Months

No evidence of cardiomegaly is seen. There is no evidence of atrial enlargement or a vascular lung pattern.

The mediastinal lymph nodes are not seen. No evidence of mediastinal widening is noted.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Course and width of the trachea present within normal limits.

There is moderate gastric aerophagia.

**HOSPITAL NAME**

Gentle Doctor Animal  
Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Deep pulmonary inflation.
- Ventrally accentuated bilaterally symmetric interstitial lung pattern.
- No radiographic evidence of cardiovascular, mediastinal, or tracheal pathology.

**REFERRING VET**

Taylor Morrison

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

With the pertinent radiographic findings, interstitial pneumonia and noncardiogenic pulmonary edema/acute respiratory distress syndrome are the two main differential diagnoses. The changes are only mildly progressive between the two radiographic studies.

**INVOICE**

47906

There is no evidence of cardiovascular pathology and no evidence of upper airway restriction.

Neurologic and metabolic/systemic pathology should be ruled out and empirical management for interstitial pneumonia could be considered until further diagnostic workup is an option.

**DATE**

10-22-21



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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

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**AGE**

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**INTERPRETED BY**

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**REFERRING VET**

Taylor Morrison

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